

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#778

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 3401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.
- Complete employer verification form(s) must be submitted for each additional representation.

FOR OFFICE USE ONLY

Postmark Date: 4-19-99

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99 APR 19 P 1:40

ETHICS ADMINISTRATION

CLERK

1# 5643

\$10.00

KSD

1990932

1. NAME Kimball Clyde W
Last First MI2. BUSINESS PHONE 638-74053. BUSINESS ADDRESS 110 Charline St New Roads LA 70760
Street and No. City State Zip4. EMPLOYER Self5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.

1. Name Mississippi River Maritime Assoc.Address 350 3rd St. Baton Rouge 70802Business or purpose ☐ New RepresentationDoes this person pay you? yesIf No, who pays you? ☐ Terminated Representation as of

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____State of LouisianaParish of St. Bernard

Before me, the undersigned authority, personally came and appeared Clyde Kimball, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Clyde Kimball
Signature of Lobbyist

Sworn to and subscribed before me on this 13th day of April, 1999.

Jules Francis Regier
Notary Public